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AUTHOR Coose, Lee
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ABSTRACT

Educators are faced with policy development issues that will allow children with AIDS to be educated, provide AIDS education in the schools, and educate groups whose lack of information may cause difficulties for educators trying to implement these policies. This paper provides guidelines for development of a HIV/AIDS policy. The premises of policy development are the protection of health and welfare of students and staff and protection of rights of privacy, acquisition of an education, and maintenance of employment. Policymakers are urged to know their community and develop community support prior to policy development. Developing a policy committee provides community input and review. Informational workshops for school board members encourage their participation in this sensitive issue. A united front at this stage will help when a public forum is held for community information. Open communication is important throughout policy development; providing clear and accurate information for the media can enhance the image one wishes to project. Policymakers must consider what constitutes a least restrictive environment for an identified HIV/AIDS student in light of literature and research about AIDS transmission. Placement of infected students must be considered on an individual basis, subject to periodic review by a team of professionals. (DHP)

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Lee Coose
3450 Gocio Road
Sarasota, FL 34235

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HIV/AIDS STUDENTS IN THE PUBLIC SCHOOLS

Policy Development and Program Implementation

Synopsis

This conference presentation paper addresses one of the most significant issues facing American education today: HIV/AIDS students in the public schools. Essentially, this paper will focus on the development of school board policy and program implementation with respect to providing an appropriate educational environment for the aforementioned students.

Through the actual experience of developing and implementing school board policy, considerations will be presented to members of the audience for practical application in their day to day operations. The primary intent will be to highlight specific pitfalls, which must be acknowledged in order to avoid potential litagation, when developing school board policy and initiating a delivery system of educational programs and related services. This presentation paper has relevance for any public school entity, whether it be rural or urban, in that both policy and program must insure that an individual's basic rights are not violated as set forth by the Constitution and judicial system of the United States.

Introduction

The HIV/AIDS crisis has brought us face to face with complex medical and social challenges unparalleled in this century. The magnitude of this tragic epidemic is measured not only in the cost of human life, but also the enormous financial burdens of health care and lost productivity which each and everyone of us, as well as future gnerations, will ultimately bear.

Authorities in the field of epidemiology readily concur that there are really two epidemics related to HIV/AIDS: an epidemic of illness and an epidemic of fear. The costs of the epidemic of fear are immeasurable - the destruction of sane and rational behavior - needless, inhumane discrimiation - and, often the destruction of relationships and support systems at a time when they are most needed.

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The question often arises, "Where do we start?" Needless to say there are many beginnings, but the first immediate action one can take is that "Change Starts With Our Own Attitudes." Fear, anger and the urge to blame are our most common response. Sadly enough, some of our most instinctive attitudes about HIV/AIDS are negative ones; if we don't admit that and work to understand "why and how," such attitudes can control our decisions and behaviors in very destructive ways.

Dr. C. Everett Koop, Surgeon General of the United States, gathered a number of experts to study HIV/AIDS. One of the findings and recommendations contained in the Surgeon General's Report was that education, as an agent of social change, can become a formidable instrument in the prevention of HIV/AIDS. Therefore, the responsibility for providing educational programs "in toto" now rests with federal, state, and local public education agencies in terms of the preventative aspects as well as those dealing with individuals already possessing the HIV/AIDS infection.

In General Koop's closing remarks to the workshop committee on HIV/AIDS, there were two poignant quotes. "Until we find a vaccine or cure, the only way to stop the spread of AIDS is through education" and, "The public must become comfortable with the knowledge that quarantine is not the answer to preventing the spread of AIDS. Education is."

Realities of Life

Children and families have been driven from their schools and communities by anger, insults, and physical abuse generated through the ignorance and fear of individuals. The discussion of HIV/AIDS remains an unpopular and sensitive issue. As policy is developed and educational programs are implemented, there will be confrontations and difficult situations. To put the issue of HIV/AIDS contagiousness in perspective, the following results from the Harris Poll conducted in April 1988 will perhaps help responsible persons face these difficult encounters in a more calm, confident manner.

- Three to seven percent of all AIDS cases, adults and children, are mysteries. Parents of healthy children point to these unexplained cases as proof that AIDS can be transmitted in unknown ways.

- A more dangerous game is played each time parents take their children for a automobile ride. It is estimated that one out of every 15,000 children will die in a motor vehicle accident.

- Estimates project that a child stands a one in 26,000 chance of acquiring AIDS. Of 500 children infected with the virus, the odds are even more improbable - one in 104,000.

- Based on the statistics and the fact that no children have been infected in a classroom setting, medical authorities, led by the Federal Centers for Disease Control, firmly insist that AIDS is not transmitted by casual contact. It is only spread by intimate sexual contact, contaminated blood products, sharing a intravenous needle or congenitally, from mother to newborn. Since children are not sexually active and most bleeding can be controlled, authorities believe the majority of children with AIDS can attend school with their classmates.

- Some parents and school officials believe the term "casual" more aptly describes the experts' attitude toward the most frightening disease of our time. Subsequently, even though some parents are not opposed to the enrollment of children with AIDS, there is belief that restrictions should be placed on what these students can do and where they go.

- Most parents surveyed (411 nationwide) said they wouldn't be afraid to send their child to a school attended by a student with AIDS or its antibodies.

- Sixty-six percent of the parents indicated they would send their child to school with an aids infected student; 76%, if the student in question had antibodies, but no symptoms.

- Parents were nearly unanimous in their support for AIDS education in the schools.

- Younger parents were more likely than older parents to keep their children home from school if another student had AIDS (26%).

- Parents with very young children were less willing to send them to school (58%) than parents with older children (67%) or parents of teenagers (74%).

- Fifty-six percent of the parents thought schools should be required to reveal the identity of students with AIDS. If a child tested positive for AIDS antibodies, only 41% thought the identity should be revealed.

- Support for the AIDS child's right to a public education cut across political and religious lines. The traditionally known "white moral majority" persons were supportive, with 74% stating they would send their children to school with an AIDS infected student.

- There were parents in some sections of the country who seemed more afraid than others. E.g., 74% of Western state parents would send their children to school with an AIDS infected student. 70% of Midwestern parents said they would send their children and in the Eastern section, 60% of the parents would do so. It may not be that East coast parents are less

tolerant, but that AIDS are more prevalent in larger, urban cities than smaller, rural towns.

- City residents were more likely than their surburban and rural neighbors to keep their children out of school if an AIDS infected student was enrolled. Twenty-seven percent cental city residents stated preference for this type of action as opposed to 19% in the suburbs and 16% in surrounding rural areas.

What does all this mean?

- That AIDS is a reality in the major metro centers of the East Coast where parents might perceive themselves and their children at higher risk.

- The "nearness of threat, the stronger, and closer to home" may reflect action of the more reluctant parent to send their child to school.

- Fifty-six percent of the parents wanted the identity of the AIDS student known, while 54% felt it should be kept confidential. This finding seems to indicate that one might be able to influence the issue of maintaining confidentiality either way.

- Regardless of how parents in the survey felt, they clearly indicated a demand and immediate need for AIDS education in the schools for both teachers and students.

Policy Development

There are several major considerations to take into account when an attempt is made to develop policy. The foremost is a basic premise that any policy, regulation, or procedure must protect the health and welfare of students and staff in the school district. A second basic premise is to protect the rights of privacy, acquisition of an education, and maintenance of employment in a consistent manner. A third is that no policy, regulation, or procedure should be considered flawless, but ought to withstand scrutiny and modification as deemed necessary after a reasonable implementation period.

The following are presented as brief guidelines in the development of an HIV/AIDS policy. These have relevance for the majority of school governing bodies in their role as policy makers.

Know Your Community

This aspect of developing policy is crucial. Do your homework. Study the demographics.

- Occupational endeavors
- Employment outlook
- Economy
- Age ranges by percentage
- Religious profile
- Political profile
- Service organizations
- Organized labor profile (unions)
- Media profile
- Medical profile
- Support group profile
- Law enforcement profile
- Governmental operations
- Parent group profile
- Higher education profile
- Veterans group profile
- Power broker profile
- Student population
- School personnel profile

Network Your Community

As stated previously, the subject of HIV/AIDS is not the most popular topic; especially, in light of the fact that writing school policy suggests the existence of HIV/AIDS students and that consideration might be given to their attending school with healthy children.

Subsequently, one needs to identify out of the community structure those groups which might be more receptive than others with respect to becoming enlighted about the subject of HIV/AIDS. Also, it is important to determine how various groups interact with one another or do not interact. The point here is that one should begin to make inroads by offering information to these groups. The primary objective is to build and enlist a community support base prior to policy development.

Identify Power Structure

Within certain groups, specific individuals will emerge to serve in leadership roles. There will also be those persons who are not as audacious, but tend to influence their peers equally as well within the group. Both types can be cultivated and utilized most effectively in helping one reach the primary objective of writing a policy that is acceptable to the general populous without having to do combat.

Select the Policy Committee

Once the support base of community groups and/or individuals has been generated, one should ask for assistance. There are persons who will serve on the committee to formulate policy. Generally, this committee is large in number and tends to be the linkage factor between the actual policy writers and the community. Also, this large group serves to review the policy and acts as endorsers of the document.

In order to achieve a written policy, an ad hoc subcommittee is selected. This group drafts policy(ies) for large committee review, modification, and final approval before the policy is advertised for school board sanction.

School Board Workshops

An essential ingredient in the process is that of informational workshops for school board members each step of the way. The best written policy can be blocked if one tends to exclude this body early in the developmental stages of the document. The issue is so sensitive and board members hear from all sorts of people; some positive while others may be negative. It is critical that board members thoroughly understand the policy so questions can be answered directly without hesitation. This provides an image to the caller and/or observer that there is a "united front" in support of the policy and its eventual implmentation.

Public Forum

The concept of public forum often causes one to wince as there is exposure to various unknown elements in the audience. However, it is a practice that sets the stage for open communication and permits one to sense the pulse of the citizenry regarding a very controversial issue. One might take heed that a single forum is usually not enough. The very thing one wants to avoid is the impression that a covert process exists in policy approval by the board. One's credibility is on the line, whereby, it is better to be candid and forthright.

Open Communication

The importance of this area cannot be emphasized enough whether it involves student, parent, staff or vested interest group. Most of the information the American public receives comes from newspapers or television. The media plays a significant role in what people believe. Media persons can be one's friend or enemy. It's a choice one has to make. Treat these persons with courtesy and respect. Clear and accurate information for the media to report greatly enhances the image one wishes to project. Ample

opportunity for media personnel to access the provider of information will lend readily to what the populous believes about an HIV/AIDS policy and the implementation of such.

Least Restrictive Environment

As policy is pondered, special attention should be given to what constitutes a "least restrictive environment" for an identified HIV/AIDS student. The policy must address this concern. Many school districts across the United States reflect isolation and quarantine in their policies as a solution to an awesome problem. I.e., a quick fix occurs to declare the student special education material and he/she is placed in a special program or one that provides an educational program via home instruction/telecommunication classes. Several landmark cases, involving extensive litigation, have come before the higher courts of this country related to violation of one's individual rights. The courts, without fail, have ruled on behalf of the HIV/AIDS student and his/her family.

One needs only to review the literature and research about HIV/AIDS transmission. There is an abundance of information indicating that HIV/AIDS is a progressive disease and that, at certain stages, isolation may become necessary. However, until isolation is determined, researchers and medical practitioners believe it is appropriate for infected students to attend school with healthy students. An important core of the HIV/AIDS policy should reflect that enrollment and placement of an infected student with healthy students must be considered on an individual basis. Then too, these cases must be subject to periodic review by a team of professionals having knowledge of student need and condition throughout various phases of school life.

SUMMARY

It is one task to develop policy; it is another to successfully implement. The most important factor is to have a well thought out policy in place before the issue of an HIV/AIDS student and his/her education arises.

Our experience within local school system in dealing with the HIV/AIDS student (s) proves it can be accomplished effectively and successfully. There is no measure of time in terms of preparation, only that it is better to extend oneself with regard to preparation than to attempt and band-aid solution. The total community and the school community must be afforded both patience and tolerance until such time irrational fears diminish. When these two factions begin to understand and discuss the humane aspects of educating the HIV/AIDS individual(s), then it is appropriate to proceed in the laborious phases of

policy development and program implementation.

Caution is issued to those districts choosing a quick solution to a sensitive issue, for there is none. The solution must be genuine, long-term, and comprehensive. School districts, automatically diagnosing the HIV/AIDS student as special education material and further, placing these unfortunate individuals in special education classs or homebound instruction programs, invite litigation. Isolation and quarantine tactics smack of violating the HIV/AIDS student's rights. It would be feasible for a district to identify appropriate educational programs, locations, and related services in terms of comprehensive planning.

Each HIV/AIDS case must be considered on an individual basis. A review panel composed of professional persons familiar with both the medical and educational needs of the infected student should convene routinely to chart progress or lack of it. Modifications and adjustments are certainly expected through out the span of time a district provides for the HIV/AIDS student.

Through determination, concern, and caring, professional education can rise to the forefront to deter this dreaded disease. It can be done!

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